| COMBINED DECLARA                                                                                                                                                                                   | ATTORNEY'S DOCKET PR60211USw                                                                                           |                                                                                                               |                                                   |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|---------------------------------------------------|--|--|
| APPLICATION WITH P                                                                                                                                                                                 |                                                                                                                        | First Names Inventor:<br>BARVIAN                                                                              |                                                   |  |  |
|                                                                                                                                                                                                    |                                                                                                                        |                                                                                                               | Complete if known:                                |  |  |
| ( ) Declaration submitted with initial filing                                                                                                                                                      | App No.:                                                                                                               |                                                                                                               |                                                   |  |  |
|                                                                                                                                                                                                    |                                                                                                                        |                                                                                                               |                                                   |  |  |
| ( ) Declaration submitted after initial filin                                                                                                                                                      | ng (surcharge required 37CFR1.16(e))                                                                                   | equired 37CFR1.16(e))                                                                                         |                                                   |  |  |
|                                                                                                                                                                                                    |                                                                                                                        |                                                                                                               | Group Art Unit:                                   |  |  |
| As below named in                                                                                                                                                                                  | ventor. I hereby declare that:                                                                                         |                                                                                                               | J                                                 |  |  |
| My residence, post office add                                                                                                                                                                      | dress and citizenship are as stated belo                                                                               | ow next to my name.                                                                                           |                                                   |  |  |
| I believe I am the original, fi<br>(if plural names are listed be<br>entitled:                                                                                                                     | rst and sole inventor (if only one name<br>low) of the subject matter which is cla                                     | e is listed below) or an original, f<br>imed and for which a patent is so                                     | irst and joint inventor<br>ought on the invention |  |  |
|                                                                                                                                                                                                    | HETEROCYCLIC MCHR                                                                                                      | ANTAGONISTS                                                                                                   |                                                   |  |  |
| the specification of which (cl                                                                                                                                                                     | neck only one item below):                                                                                             |                                                                                                               |                                                   |  |  |
| [ ]is attached hereto. OR                                                                                                                                                                          |                                                                                                                        |                                                                                                               |                                                   |  |  |
| [x] was filed on                                                                                                                                                                                   | as United States application Se                                                                                        | erial No or PCT I                                                                                             | nternational                                      |  |  |
| Application Number PCT/US04/ filed April 6, 2004 and was amended on (MM/DD/YYYY)  (if applicable)                                                                                                  |                                                                                                                        |                                                                                                               |                                                   |  |  |
| I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.           |                                                                                                                        |                                                                                                               |                                                   |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.                                                                                      |                                                                                                                        |                                                                                                               |                                                   |  |  |
| I hereby claim foreign priority benefit<br>inventor's certificate or 365(a) of any<br>States of America, listed below and h<br>certificate or of any PCT internationa<br>PRIOR FOREIGN AND ANY PRI | PCT international application which of ave also identified below, by checking a pplication having a filing date before | designated at least one country of<br>the box, any foreign application<br>to that of the application on which | her than the United<br>for patent or inventor's   |  |  |
| Prior Foreign Application                                                                                                                                                                          | Country                                                                                                                | Foreign Filing Date                                                                                           | PRIORITY                                          |  |  |
| Number (s)                                                                                                                                                                                         |                                                                                                                        | (MM/DD/YYYY))                                                                                                 | CLAIMED                                           |  |  |
| 1.                                                                                                                                                                                                 |                                                                                                                        |                                                                                                               |                                                   |  |  |
| 2.<br>3.<br>4.                                                                                                                                                                                     |                                                                                                                        |                                                                                                               |                                                   |  |  |
| 3.                                                                                                                                                                                                 |                                                                                                                        |                                                                                                               |                                                   |  |  |
| 5.                                                                                                                                                                                                 |                                                                                                                        |                                                                                                               |                                                   |  |  |
|                                                                                                                                                                                                    |                                                                                                                        |                                                                                                               |                                                   |  |  |
| I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:                                                                |                                                                                                                        |                                                                                                               |                                                   |  |  |
| Application No.                                                                                                                                                                                    |                                                                                                                        | e (MM/DD/YYYY)                                                                                                |                                                   |  |  |
| 1. 60/462,292<br>2.                                                                                                                                                                                | A <sub>F</sub>                                                                                                         | oril 11, 2003                                                                                                 |                                                   |  |  |

## **DECLARATION FOR "371" APPLICATION**

## COMBINED DECLARATION FOR UTILITY or DESIGN PATENT APPLICATION WITH POWER OF ATTORNEY Continued

Five Moore Drive, PO Box 13398

ATTORNEY'S DOCKET NUMBER

PR60211USw

I hereby claim the benefit under 35, U.S.C. §120 of any United States application or §365(c) of any PCT international application designating the United States of America that is listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.F.R. §1.56 which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:

| RIOR                                             | U.S. PARENT A              | PPLICATION or PCT PARENT AI                                          | PPLICATION            |                        |                      |                     |
|--------------------------------------------------|----------------------------|----------------------------------------------------------------------|-----------------------|------------------------|----------------------|---------------------|
|                                                  |                            |                                                                      |                       |                        | STATUS (Check one)   |                     |
| U.S. Parent Application or PCT Parent<br>Number  |                            | PCT Parent Parent Filing Darent Filing Darent (MM/DD/YYY             |                       | PATENTED               | PENDING              | ABANDONED           |
|                                                  |                            |                                                                      |                       |                        |                      |                     |
| .0.11/5:                                         | on amontion                |                                                                      |                       |                        | Contract Non-Asset   |                     |
| OWER                                             | COF ATTORNEY               | : As a named inventor, I hereby appoint the                          | e practitioners as    | ssociated with the     | Customer Numbers     | provided below to   |
|                                                  |                            | d to transact all business in the Patent and decustomer Number 20462 | 1 rademark Offic      | e connected there      | with                 |                     |
|                                                  |                            |                                                                      | umbor 233/17          | ,                      | Direct Telephone Ca  | lls to:             |
| Address                                          |                            | ce and telephone calls to Customer Nu                                | mber <u>23347</u>     |                        |                      |                     |
| David J. Levy<br>Corporate Intellectual Property |                            |                                                                      | Bonnie L. Deppenborck |                        |                      |                     |
| GlaxoSmithKline                                  |                            |                                                                      | 919-48                | 3-483-1577             |                      |                     |
| Five Moore Drive, PO Box 13398                   |                            |                                                                      |                       |                        |                      |                     |
|                                                  |                            | Park, NC 27709-3398                                                  |                       |                        | 1                    |                     |
| hereby                                           | declare that all st        | tatements made herein of my own know                                 | vledge are true       | and that all state     | ements made on inf   | ormation and belief |
| ire beli                                         | eved to be true; ar        | nd further that these statements were ma                             | ade with the kn       | owledge that wi        | llful false statemen | ts and the like so  |
| nade ai                                          | re punishable by fi        | ine or imprisonment, or both, under 18                               | U.S.C. 1001, a        | and that such wil      | lful false statement | s may jeopardize    |
|                                                  |                            | tion or any patent issuing thereon.                                  |                       |                        |                      |                     |
|                                                  | FULL NAME                  | FAMILY NAME                                                          | FIRST GIVEN NAM       | ΙE                     | SECOND GIVEN NAME    | ANITIAL             |
| 2                                                | OF INVENTOR                | BARVIAN                                                              | Kevin                 |                        | K                    |                     |
| -                                                | INVENTOR'S                 | Signature                                                            |                       | Date: - 12.5-10-4      |                      |                     |
|                                                  | SIGNATURE                  | CITY STATE OR FOREIGN COUNTRY                                        |                       | COUNTRY OF CITIZENSHIP |                      |                     |
| 0                                                | RESIDENCE &                | CITY<br>Durham                                                       | NC                    | SIL COUNTRY            | US                   |                     |
|                                                  | CITIZENSHIP<br>POST OFFICE | POST OFFICE ADDRESS                                                  | CITY                  |                        | STATE & ZIP CODE/C   |                     |
| 1                                                | ADDRESS                    | GlaxoSmithKline                                                      | Research Tr           | iangle Park            | North Carolina       | 27709, US           |
| ,                                                | ADDRESS                    | Five Moore Drive, PO Box 13398                                       |                       |                        |                      | •                   |
|                                                  | FULL NAME                  | FAMILY NAME                                                          | FIRST GIVEN NAM       | 1E                     | SECOND GIVEN NAMI    | E/INITIAL           |
| 2                                                | OF INVENTOR                | CARPENTER                                                            | Andrew                |                        | J                    |                     |
|                                                  | INVENTOR'S                 | Signatura Vandre                                                     | 0. 1000               |                        | Date: 5/05/0         | n 4                 |
|                                                  | SIGNATURE                  | CITY CITY                                                            |                       |                        | COUNTRY OF CITIZE    | NSHIP               |
| 0                                                | RESIDENCE &                | Durham                                                               | NC                    | GNCOUNIKY              | US                   |                     |
|                                                  | POST OFFICE                | POST OFFICE ADDRESS                                                  | CITY                  |                        | STATE & ZIP CODE/C   |                     |
| 2                                                | ADDRESS                    | GlaxoSmithKline                                                      | Research Tr           | iangle Park            | North Carolina       |                     |
|                                                  | ADDICESS                   | Five Moore Drive, PO Box 13398                                       | [                     | 3                      |                      |                     |
|                                                  | FULL NAME                  | FAMILY NAME                                                          | FIRST GIVEN NAM       | 4E                     | SECOND GIVEN NAM     | E/INITIAL           |
| 2                                                | OF INVENTOR                | COOPER                                                               | Joel                  |                        | P                    |                     |
| -                                                | INVENTOR'S                 | ignature                                                             |                       | Date: / 25- / 0        |                      |                     |
|                                                  | SIGNATURE                  | 1111                                                                 |                       |                        | 5/25/0               |                     |
| 0                                                | RESIDENCE &                | CMY.                                                                 | STATE OR FOREI        | GN COUNTRY             | COUNTRY OF CITIZE    | NSHIP               |
|                                                  | CITIZENSHIP                | Durham                                                               | NC                    |                        | STATE & ZIP CODE/O   | COUNTRY             |
|                                                  | POST OFFICE                | POST OFFICE ADDRESS ClaveSmithKline                                  |                       | riangle Park           | North Carolin        |                     |

## **DECLARATION FOR "371" APPLICATION**

| _ | FULL NAME                | FAMILY NAME                                      | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
|---|--------------------------|--------------------------------------------------|--------------------------|------------------------------------|
| 2 | OF INVENTOR              | FELDMAN                                          | Paul                     | L                                  |
| j | INVENTOR'S               | Signature #                                      |                          | Date:                              |
|   | SIGNATURE                | Signature A A The                                |                          | 5/25/04<br>COUNTRY OF CITIZENSHIP  |
| 0 | RESIDENCE &              | CITY                                             | STATE OR FOREIGN COUNTRY |                                    |
|   | CITIZENSHIP              | Durham                                           | NC                       | US                                 |
|   | POST OFFICE              | POST OFFICE ADDRESS                              | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 4 | ADDRESS                  | GlaxoSmithKline                                  | Research Triangle Park   | North Carolina 27709, US           |
|   |                          | Five Moore Drive, PO Box 13398                   |                          |                                    |
|   | FULL NAME                | FAMILY NAME                                      | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2 | OF INVENTOR              | GARRIDO                                          | Dulce                    | M                                  |
|   | INVENTOR'S               | Signature / M. M.                                |                          | Date:                              |
|   | SIGNATURE                | Shile M. Janis                                   |                          | COUNTRY OF CITIZENSHIP             |
| 0 | RESIDENCE &              | СІТУ                                             | STATE OR FOREIGN COUNTRY |                                    |
|   | CITIZENSHIP              | Durham                                           | NC                       | US                                 |
| _ | POST OFFICE              | POST OFFICE ADDRESS                              | CITY D                   | STATE & ZIP CODE/COUNTRY           |
| 5 | ADDRESS                  | GlaxoSmithKline                                  | Research Triangle Park   | North Carolina 27709, US           |
|   |                          | Five Moore Drive, PO Box 13398                   |                          | ļ                                  |
|   | FULL NAME                | FAMILY NAME                                      | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2 | OF INVENTOR              | GUO                                              | YU                       | C                                  |
|   | INVENTOR'S               | Signature \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ |                          | Date:                              |
|   | SIGNATURE                | TANKY.                                           |                          | 5 /05/04<br>COUNTRY OF CITIZENSHIP |
| 0 | RESIDENCE &              | CITY                                             | STATE OR FOREIGN COUNTRY |                                    |
|   | CITIZENSHIP              | Durham POST OFFICE ADDRESS                       | NC<br>CITY               | CN STATE & ZIP CODE/COUNTRY        |
| , | POST OFFICE              | GlaxoSmithKline                                  |                          | North Carolina 27709, US           |
| 6 | ADDRESS                  |                                                  | Research Triangle Park   | North Caronna 27709, 03            |
|   |                          | Five Moore Drive, PO Box 13398                   |                          |                                    |
|   | FULL NAME                | FAMILY NAME                                      | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2 | OF INVENTOR              | HANDLON                                          | Anthony                  | L                                  |
|   | INVENTOR'S               | Signature Auty V. Haudh State or foreign country |                          | Date:                              |
|   | SIGNATURE                | My v. /3 angun                                   |                          | COUNTRY OF CITIZENSHIP             |
| 0 | RESIDENCE &              |                                                  | STATE OR FOREIGN COUNTRY | US                                 |
|   | CITIZENSHIP              | Durham POST OFFICE ADDRESS                       | NC<br>CITY               | STATE & ZIP CODE/COUNTRY           |
| 7 | POST OFFICE              | GlaxoSmithKline                                  | Research Triangle Park   | North Carolina 27709, US           |
| 7 | ADDRESS                  |                                                  | Research Thangie Fark    | Tiorin Caronna 27709, CO           |
|   |                          | Five Moore Drive, PO Box 13398                   | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2 | FULL NAME                | HERTZOG                                          | Donald                   | L                                  |
| 2 | OF INVENTOR              |                                                  | Donaid                   | Date:                              |
|   | INVENTOR'S               | Signature J. Jan.                                |                          | 3-125-1001                         |
| 0 | SIGNATURE<br>RESIDENCE & | CITY                                             | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP             |
| U | CITIZENSHIP              | Durham                                           | NC                       | US                                 |
|   | POST OFFICE              | POST OFFICE ADDRESS                              | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 8 | ADDRESS                  | GlaxoSmithKline                                  | Research Triangle Park   | North Carolina 27709, US           |
| 3 | , ADDRESS                | Five Moore Drive, PO Box 13398                   |                          | <b>1</b>                           |
|   | FULL NAME                | FAMILY NAME                                      | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2 | OF INVENTOR              | HYMAN                                            | Clifton                  | E                                  |
| 2 | INVENTOR'S               | Signatury                                        |                          | Date:                              |
|   | SIGNATURE                | TIMAKE                                           |                          | 5/25/04                            |
| 0 | RESIDENCE &              | CHY S                                            | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP             |
| U | CITIZENSHIP              | Durham                                           | NC                       | US                                 |
|   | POST OFFICE              | POST OFFICE ADDRESS                              | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 9 | ADDRESS                  | GlaxoŚmithKline                                  | Research Triangle Park   | North Carolina 27709, US           |
| • | 113371303                | Five Moore Drive, PO Box 13398                   |                          |                                    |
|   | FULL NAME                | FAMILY NAME                                      | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2 | OF INVENTOR              | PEAT                                             | Andrew                   | J                                  |
| 4 | INVENTOR'S               |                                                  |                          | Date:                              |
|   | SIGNATURE                |                                                  |                          | 5/25/04                            |
| 1 | RESIDENCE &              | CITY                                             | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP             |
| i | CITIZENSHIP              | Durham                                           | NC                       | US                                 |
|   | POST OFFICE              | POST OFFICE ADDRESS                              | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 0 | ADDRESS                  | GlaxoSmithKline                                  | Research Triangle Park   | North Carolina 27709, US           |
| - | 1                        | Five Moore Drive, PO Box 13398                   |                          |                                    |
|   |                          | 1                                                |                          |                                    |

## . DECLARATION FOR "371" APPLICATION

|     | FULL NAME                  | FAMILY NAME                            | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
|-----|----------------------------|----------------------------------------|--------------------------|------------------------------------|
| 2   | OF INVENTOR                | PECKHAM                                | Gregory                  | E                                  |
| Ì   | INVENTOR'S                 | Signature 1                            |                          | Date:                              |
|     | SIGNATURE                  | Signature:    STATE OR FOREIGN COUNTRY |                          | 5/25/04                            |
| 1   | RESIDENCE &                | CITY                                   | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP             |
| 1   | CITIZENSHIP                | Durham                                 | NC                       | US                                 |
|     | POST OFFICE                | POST OFFICE ADDRESS                    | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 1   | ADDRESS                    | GlaxoSmithKline                        | Research Triangle Park   | North Carolina 27709, US           |
|     |                            | Five Moore Drive, PO Box 13398         |                          |                                    |
|     | FULL NAME                  | FAMILY NAME                            | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2   | OF INVENTOR                | SPEAKE                                 | Jason                    | D .                                |
|     | INVENTOR'S                 | Signature                              |                          | Date:                              |
|     | SIGNATURE                  | in the                                 |                          | 5 25 0 4<br>COUNTRY OF CITIZENSHIP |
| - 1 | RESIDENCE &                | CITY                                   | STATE OR FOREIGN COUNTRY |                                    |
|     | CITIZENSHIP                | Durham /                               | NC                       | US                                 |
|     | POST OFFICE                | POST OFFICE ADDRESS                    | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 2   | ADDRESS                    | GlaxoSmithKline                        | Research Triangle Park   | North Carolina 27709, US           |
|     |                            | Five Moore Drive, PO Box 13398         |                          |                                    |
| _   | FULL NAME                  | FAMILY NAME                            | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL  R       |
| 2   | OF INVENTOR                | SWAIN                                  | William                  |                                    |
|     | INVENTOR'S                 | Signature III R S                      |                          | Date: 6- 1:25- 14.11               |
|     | SIGNATURE                  | CITY                                   | STATE OR FOREIGN COUNTRY | 5 /25 /04                          |
| 1   | RESIDENCE &                | Durham                                 | NC                       | US                                 |
|     | CITIZENSHIP<br>POST OFFICE | POST OFFICE ADDRESS                    | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 3   | ADDRESS                    | GlaxoSmithKline                        | Research Triangle Park   | North Carolina 27709, US           |
| 3   | ADDRESS                    | Five Moore Drive, PO Box 13398         | Research Triangle Lark   | Troitin Caronna 27705, 00          |
|     | FULL NAME                  | FAMILY NAME                            | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2   | OF INVENTOR                | TAVARES                                | Francis                  | X                                  |
| 2   | INVENTOR'S                 | Signature ///                          |                          | Date:                              |
|     | SIGNATURE Signature        |                                        |                          | 1 5/05/04                          |
| 1   | RESIDENCE &                | CITY                                   | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP             |
| •   | CITIZENSHIP                | Durham                                 | NC                       | US                                 |
|     | POST OFFICE                | POST OFFICE ADDRESS                    | CITY                     | STATE & ZIP CODE/COUNTRY           |
| 4   | ADDRESS                    | GlaxoSmithKline                        | Research Triangle Park   | North Carolina 27709, US           |
|     | 1                          | Five Moore Drive, PO Box 13398         |                          |                                    |
|     | FULL NAME                  | FAMILY NAME                            | FIRST GIVEN NAME         | SECOND GIVEN NAME/INITIAL          |
| 2   | OF INVENTOR                | ZHOU                                   | HUIQIANG                 | <i>₹</i>                           |
|     | INVENTOR'S                 | Signature /                            |                          | Date:                              |
|     | SIGNATURE                  | How The                                | , <u>.</u>               | 5/25/04                            |
| 1   | RESIDENCE &                | CITY                                   | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP             |
|     | CITIZENSHIP                | Durham                                 | NC                       | CN                                 |
|     | POST OFFICE                | POST OFFICE ADDRESS                    | СІТУ                     | STATE & ZIP CODE/COUNTRY           |
| 4   | ADDRESS                    | GlaxoSmithKline                        | Research Triangle Park   | North Carolina 27709, US           |
|     | ļ                          | Five Moore Drive, PO Box 13398         |                          |                                    |